

SERFF Tracking Number: LDRC-125407652 State: Arkansas
Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Notice of Availability of Owner's Policy
Project Name/Number: /

Filing at a Glance

Company: Old Republic National Title Insurance Company

Product Name: Notice of Availability of Owner's SERFF Tr Num: LDRC-125407652 State: Arkansas

Policy

TOI: 34.0 Title

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 34.0000 Title

Co Tr Num:

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Elise Reed, Heidi Majors

Disposition Date: 01/07/2008

Date Submitted: 12/31/2007

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New): 01/07/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/07/2008

State Status Changed: 01/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form Filing-Notice of Availability of Owner's Policy ORT Form 4451

Company and Contact

Filing Contact Information

Elise Reed, Associate Regulatory Counsel

ereed@oldrepublictitle.com

SERFF Tracking Number: LDRC-125407652 State: Arkansas
Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Notice of Availability of Owner's Policy
Project Name/Number: /

400 Second Avenue South (800) 328-4441 [Phone]
Minneapolis, MN 55401 (612) 371-1124[FAX]

Filing Company Information

Old Republic National Title Insurance Company CoCode: 50520 State of Domicile: Minnesota
400 Second Avenue South Group Code: 50520 Company Type: Title
Minneapolis, MN 55401 Group Name: Old Republic State ID Number: 50520
(800) 328-4441 ext. 7061[Phone] FEIN Number: 41-0579050

<i>SERFF Tracking Number:</i>	<i>LDRC-125407652</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic National Title Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>34.0 Title</i>	<i>Sub-TOI:</i>	<i>34.0000 Title</i>
<i>Product Name:</i>	<i>Notice of Availability of Owner's Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic National Title Insurance Company	\$50.00	12/31/2007	17298223

SERFF Tracking Number: LDRC-125407652 State: Arkansas
Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Notice of Availability of Owner's Policy
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	01/07/2008	01/07/2008

SERFF Tracking Number: *LDRC-125407652* *State:* *Arkansas*
Filing Company: *Old Republic National Title Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number:
TOI: *34.0 Title* *Sub-TOI:* *34.0000 Title*
Product Name: *Notice of Availability of Owner's Policy*
Project Name/Number: */*

Disposition

Disposition Date: 01/07/2008
Effective Date (New): 01/07/2008
Effective Date (Renewal):
Status: Filed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRC-125407652 State: Arkansas

Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 34.0 Title Sub-TOI: 34.0000 Title

Product Name: Notice of Availability of Owner's Policy

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Form	Notice of Availability of Owner's Policy	Filed	Yes

SERFF Tracking Number: LDRC-125407652 State: Arkansas

Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 34.0 Title Sub-TOI: 34.0000 Title

Product Name: Notice of Availability of Owner's Policy

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Filed	Notice of Availability of Owner's Policy	ORT 4451	12-31-07	Other	New		0.00	Availability of Owner's Policy.pdf



NOTICE OF AVAILABILITY OF OWNERS TITLE INSURANCE

DATE:

FILE NUMBER:

TO:

Buying property identified as:

A Mortgagee's Policy of title insurance insuring the title to the property you are buying is being issued to your mortgage lender, but that policy **does not** provide title insurance coverage to you.

You may obtain an Owner's Policy of title insurance which provides title insurance coverage to you. The additional cost to you for an Owner's Policy of title insurance in the amount of \$_____ is _____, if you request it at this time.

If you are uncertain as to whether you should obtain an Owner's Policy of title insurance, you are urged to seek independent advice.

Old Republic National Title Insurance Company
400 2nd Avenue South
Minneapolis, MN 55401

By: _____
(It's local agency or underwritten company)

- ☐ I/We **do** request an Owner's Policy of title insurance.
- ☐ I/We **do not** request an Owner's Policy of title insurance.

SERFF Tracking Number: *LDRC-125407652* *State:* *Arkansas*
Filing Company: *Old Republic National Title Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number:
TOI: *34.0 Title* *Sub-TOI:* *34.0000 Title*
Product Name: *Notice of Availability of Owner's Policy*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRC-125407652 State: Arkansas
Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Notice of Availability of Owner's Policy
Project Name/Number: /

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Filed	01/07/2008

Comments:

Attachment:

4451 PCtransDoc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div>Check #: Amount:</div> <div>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1